

HIV/AIDS CASE MANAGEMENT STANDARDS PEER REVIEW MODULE

An external review of Part B-funded case management services will be conducted at least every 2 years. The Virginia Department of Health will assemble a team of independent external reviewers. The team will review a minimum of 10% (or 10 records whichever is greater) of active and closed cases for compliance with HIV/AIDS Case Management standards.

This module represents a sample of what may be monitored by the peer review team. It is not all inclusive. The team may choose to review other items that are covered by these standards.

Please refer to the standard “**QUALITY ASSURANCE SITE VISITS**” for more information about this process.

RYAN WHITE PART B PEER REVIEW

CASE MANAGEMENT CHART REVIEW

ID#

	YES	NO	COMMENTS
1. Agency Screening			
<ul style="list-style-type: none"> If applicable, was screening done within 3 working days of referral or initial phone call?* 			
2. Intake			
<ul style="list-style-type: none"> Was the intake done within 10 working days of the initial screening?* 			
<ul style="list-style-type: none"> Were emergency needs assessed and documented?* 			
<ul style="list-style-type: none"> If client had emergency needs, was client referred immediately to a case manager?* 			
3. Assessment			
<ul style="list-style-type: none"> Does client meet one of the criteria for case management?* 			
<ul style="list-style-type: none"> Is the criterion clearly identified and the client referred to the appropriate level of case management service* 			
<ul style="list-style-type: none"> Was the assessment completed within 30 days of intake?* 			
<ul style="list-style-type: none"> Does the assessment identify the client's strengths/weaknesses, barriers and needs?* 			
<ul style="list-style-type: none"> Are any other case managers working with the client identified by name and/or program?* 			
4. Service Plan Development Comprehensive			

• Is it apparent that the case manager and the client developed the plan together?			
• Is the service plan signed and dated by both the client and the case manager?*			
• Is there a medical outcome identified for each goal?*			
• Are persons responsible for the proposed actions noted?*			
• Are there time frames for proposed actions?*			
• Are all actions/goals measurable?*			
• Is there documentation that a copy of the service plan was offered to the client? *			
• Does the service plan include preparation for transition or discharge?*			
Service Plan Development Supportive			
• Is it apparent that the case manager and the client developed the issues list together?			
• Is the issues list signed and dated by both the client and the case manager?*			
• Is there a medical outcome identified for each need?*			
• Were issues listed completed within 15 days of assessment?*			
5. Service Plan Reassessment			
• Is the service plan/issues list reassessed at least every 90 days (Comprehensive) or 180 days (Supportive)?*			
• If client receives Limited Case Management, does			

the record show the case manager contacted the client at least once during the year besides eligibility?			
<ul style="list-style-type: none"> Does the reassessment show outcome measures for each goal/need identified for the client?* 			
<ul style="list-style-type: none"> Does the reassessment show the level of case management the client will receive?* 			
<ul style="list-style-type: none"> Does the client meet criteria for that level of case management?* 			
<ul style="list-style-type: none"> Has the client signed all revised plans/lists?* 			
<ul style="list-style-type: none"> Is there documentation to reflect all actions taken? 			
6. Service Plan Implementation - Comprehensive			
<ul style="list-style-type: none"> Has case manager met with client at least twice per month?* 			
<ul style="list-style-type: none"> Is each note signed and dated by case manager?* 			
<ul style="list-style-type: none"> If client has more than one case manager, does record show quarterly contacts with other case managers?* 			
Service Plan Implementation - Supportive			
<ul style="list-style-type: none"> Has case manager met with client at least once in the six month period for a service?* 			
<ul style="list-style-type: none"> Is each note signed and dated by case manager?* 			
<ul style="list-style-type: none"> If client has more than one case manager, does record show at least semi annual contacts with other case managers?* 			
6. Discharge			
<ul style="list-style-type: none"> Does the client no longer meet at least one criterion for case management?* 			
<ul style="list-style-type: none"> Is there documentation to reflect all actions taken? 			

• Is there a discharge summary in the record?*			
• When all goals and needs have been met and no new needs have been identified, is discharge planning started?			
7. Referrals			
• When referring the client to other services, is there documentation that forms were made available as needed to the referral agency with appropriate client information?*			
• If yes, are consents for release of information signed for all referrals and maintained in the records?*			
• Are referrals tracked and their outcomes documented in the service plan, or other forms used by case managers?*			
8. Documentation			
• Are case management forms, progress notes and medical reports integrated where appropriate?			

***Standards**

Reviewer_____

Subcontractor staff(s) interviewed _____

SUMMARY

PROVIDER:

DATE:

[illegible]

[illegible]